

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J60276 (9)**

1. Corporation Name

**KIMCO DEVELOPMENT OF SEMINOLE SANFORD, INC.**



Principal Place of Business	Mailing Address
KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020	KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020

3. Date Incorporated or Qualified <b>03/05/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>11-2847353</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director, etc. DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, MILTON</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMMEL, MARTIN</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMBER, DAVID</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ALEX</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PETRA, LOUIS</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULMAN, ROBERT</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>000001797560</b>
54 CITY-ST-ZIP	<b>-04/29/96--01023--004</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>***2400.00</b>
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Louis Petra

4-16-96 5168699888

CR2E034 (12/95)